AS OF 04/30/07	MEDICAID MANAGEMENT INFORMATION SYSTEM			RUN DATE 04/28/07
		TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE) (FISCAL YTD TOTALS AS OF 04/30/07)		
CATEGORY OF SERVICE	RECIPIENTS	NUMBER OF	UNITS OF	TOTAL
	SERVED	CLAIMS	SERVICE	PAYMENT
INPATIENT	79,120	65,451	378,804	\$277,316,220.18
OUTPATIENT	289,534	783,832	15,231,756	\$139,119,567.04
CHILD PART HOSP	3	0	0	\$505.67-
CHILD DAY TREATMENT	0	0	0	\$0.00
ADULT PART HOSP	1	0	0	\$318.09-
ADULT DAY TREATMENT	1	2	46	\$709.32
SKILLED NURSING FACILITY	3,716	7,711	94,345	\$17,507,396.67
INTERMEDIATE CARE FACILITY	19,012	137,137	3,931,072	\$358,741,269.21
INTER CARE MENTAL RETARDA	2,309	21,924	647,223	\$209,550,569.77
NURSING FAC FOR MENTAL ILL	46	346	10,122	\$2,502,529.40
HOME HEALTH	29,397	135,692	2,313,394	\$77,443,785.25
LEAD INSPECTION AGENCY	80	87	88	\$35,463.49
PHYSICIAN	309,053	2,372,330	3,431,078	\$194,614,091.70
CLINIC SERVICES	78,459	249,717	234,127	\$28,994,564.91
MEP CASE MANAGEMENT	9	0	0	\$3,368.77
LAB AND RADIOLOGICAL	93,364	140,725	232,574	\$4,047,567.15
HABILITATION SERVICES	3	3	3	\$102.09
REMEDIAL SERVICES	3,673	29,726	692,981	\$7,204,941.90
REHAB SUPPORT SERVICES	3,699	32,871	590,007	\$31,342,486.07

28,757

26,214

5.723.968

2,813,031

9,865

92,190

156,869

48,553

1,239,956

134,115

335,144

281,890

20,170

5,461

11,525

265,403

122,864

144,326

51,849

15,589

49,525

20.718

3,017

610

161,732

7,705

2

0

0

27,760

17,453

92,929

156,638

48,551

134,115

177,106

24,770

208,166

268,371

129,142

182,176

62,687

206.123

407,319

59,624

583,275

65,352

35,990

5,982,080

1,239,761

15,997,627

1.496.872

2,813,030

0

0

2,599,667

3,193,668

18,260

3,240

1,432

0

o

3

269,339

30,705

345,781

87,407

7,277

7,984

56,343

55,493

3,521

1,612

129,209

78,375

27,602

19,823

737

870

326

51

9,595

2,691

10,139

2

784

180,950

IOWA DEPARTMENT OF HUMAN SERVICES

PAGE

\$3,239,772.91

\$370,586.46

\$0.00

\$0.00

\$3.51-

\$6.592.29-

\$12,802,733.13

\$194,973,981,94

\$6,648,920.56

\$81,759,532.55

\$12,268,545.03

\$7,452,279.24

\$2,479,400.08

\$5,996,453.87

\$35,196,739.88

\$13,302,554.55

\$5,119,892.59

\$1,101,646.39

\$13,457,763.79

\$37,338,065.31

\$7,004,125.11

\$4,627,074.42

\$1,953,524.91

\$2,551,114.45

\$10,688,137.99

\$1,957,839.07

\$4,481,582.03

\$1,777,349.81

\$366,768.90

\$216,802,056.44

\$5,014.25

1

IAMM2200-R003 (MR-0-12)

AMBULANCE SERVICES

PRESCRIBED DRUGS

DRUG CAPITATION

IOWA PLAN PROGRAM

EPSDT SCREENING

MEDICAL SUPPLIES

PATIENT MANAGEMENT

OTHER PRACTITIONER

FAMILY PRESERVATION

HMO SERVICES

DENTAL

OPTOMETRIST

PODIATRIC

PSYCHIATRIC

MR WAIVER SERVICE

AIDS WAIVER SERVICES

CHIROPRACTIC

LOCAL EDUCATION AGENCY

INDIAN HEALTH SERVICES

FAMILY PLANNING SERVICES

MANAGED SUBSTANCE ABUSE

MENTAL HEALTH ACCESS PLAN

HEALTH INS PREMIUM PAYMENT

TREATMENT FOSTER FAMILY CARE

PHYSICAL DISABILITIES SVCS

BRAIN INJ WAIVER SERVICES

RESIDENTIAL CARE FACILITY

CHILDRENS MENTAL HEALTH SVC

FAMILY CENTERED PROGRAM

GROUP TREATMENT THERAPY

EARLY ACCESS SERVICES

ILL & HANDICAPPED WAIVER SVCS

* ALL CATEGORIES *

COUNTY OFFICE REIMBURSEMENT

AS OF 04/30/07

MEP SERVICES

UNASSIGNED

IOWA DEPARTMENT OF HUMAN SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE 2 RUN DATE 04/28/07

980,159

105,804

68,611,677

0

0

TOTAL PAYMENT

\$41,178,113.18

\$15,216,536.15

\$26,619,332.61

\$2,118,050,874.31

\$896,249.81

\$26.46-

TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE) (FISCAL YTD TOTALS AS OF 04/30/07)

31.015

101,533

*** END OF REPORT ***

0

0

16,081,274

CATEGORY OF SERVICE	RECIPIENTS	NUMBER OF	UNITS OF
	SERVED	CLAIMS	SERVICE

CATEGORY OF SERVICE	RECIPIENTS	NUMBER OF	UNITS OF
	SERVED	CLAIMS	SERVICE
ELDERLY WAIVER SERVICES	10,746	200,124	3,527,840

2,661

11,972

456,521

2,452

1